

National HIV Testing Day

JUNE 27, 2007 BY TERRY CUNNINGHAM

THERE IS SIGNIFICANT documentation to show that the life expectancy of individuals testing positive for HIV is almost two and a half decades. Even for people diagnosed at later stages of AIDS, current treatments are providing them with as much as an additional 15 years of life. This alone is cause to celebrate. This is a much different picture from what was seen in the beginning of the epidemic when hearing the news that being HIV positive was the same thing as a death sentence.

June 27, 2007, will be lucky 13 for National HIV Testing Day. There will be a national “push” for people to find out their HIV status. As always, testing remains free and will be available at many sites around San Diego County.

This is a perfect time for medical professionals to remind their patients to get tested. Since the beginning of the epidemic locally, more than 13,000 men, women,

There are approximately 15,000 individuals living with AIDS or HIV disease in the County of San Diego. Unfortunately, an additional 3,500 people do not know that they have been infected.

and children have been diagnosed with AIDS. Currently, there are approximately 15,000 individuals living with AIDS or HIV disease in San Diego County. Unfortunately, an additional 3,500 people

do not know that they have been infected. Of those who do know that they have HIV, more than 57 percent are in treatment. That still leaves 43 percent not on lifesaving antiretroviral medications.

While determining or knowing one's HIV status is not the cure-all for this epidemic, this knowledge provides the necessary information needed for patients to make informed decisions about seeking healthcare. All of San Diego County testing sites offer referrals to HIV specialty primary care, partner notification, and treatment options. Approximately 40 percent of new cases are spread because the infected partner did not know his or her HIV status. Either the individual had never been tested or had been tested during the “window period” of the disease. The available HIV tests will show that a person is HIV positive between six weeks and six months after initial infection. During the “window period,” the individual will test negative and may continue to have unsafe sex while actually being highly infectious to others.

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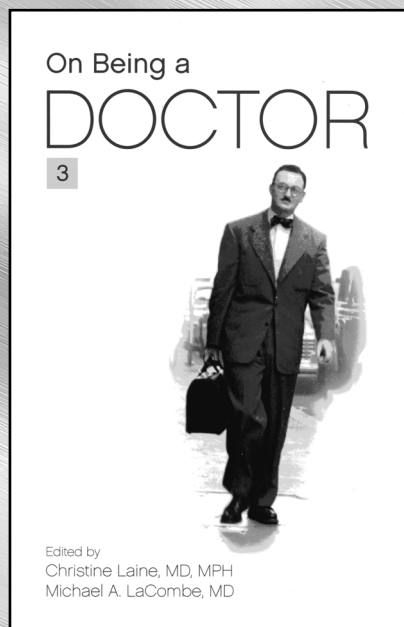
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(AVRC) at UCSD Medical Center to bring Nucleic Acid Testing (NAT) to the populations most impacted by AIDS/HIV disease. This pilot program was started in February 2007. Individuals at high risk for HIV infection coming in for testing at the center and who test negative are asked if they would like to participate in a study to determine if they are in the "window period" of the disease. If consent is given, a tube of blood is drawn and a NAT is performed. The results of the test are available within one week and are given in person to the tested individual. This highly sensitive test can determine early infection — as early as one week.

Historically, in 2002, the Food and Drug Administration (FDA) licensed the first NAT system intended for screening donors of whole blood and blood components intended for use in transfusion. The approved test system was developed by Gen-Probe Inc. of San Diego and is distributed by Chiron Corp. of Emeryville, Calif. Blood donors have been tested for

San Diego County Health Stats

- ▶ As of March 1, 2007, 13,999 cases of AIDS were reported in San Diego County¹.
- ▶ One in 300 citizens in San Diego has either AIDS or HIV disease¹.

To request additional health statistics describing health behaviors, diseases and injuries for specific populations, health trends and comparisons to national targets, please call the County's Community Health Statistics Unit at (619) 285-6479. To access the latest data and data links, including the Community Profiles with the most current health indicator information, visit www.sdhealthstatistics.com.

¹) County of San Diego, Health and Human Services Agency, HIV/AIDS

evidence of HIV infection since 1985 and for evidence of HCV infection since 1990. Although increasingly sensitive tests for detection of HIV and HCV antibodies and HIV antigen were implemented during the past decade, in rare instances infections in donors had been missed.

The NAT system detects viral genes rather than antibodies or antigens (proteins from the virus). Detection of viral genes permits detection earlier in the infection since

the appearance of antibodies requires time for the donor to develop an immune response, and since detection of antigens requires time for a higher level of virus to appear in the bloodstream.

This new technology detects very small amounts of genetic material by copying the genes numerous times, resulting in a billion-fold amplification of the target gene. The approved test system can detect ribonucleic acid (RNA) from HIV-1, as well as HCV. This allows for the detection of all known HIV-1 subtypes with sensitivities designed to reduce the window period of false negative results from standard HIV testing. For HIV-1, the average

window period with antibody is 22 days. This window period is reduced approximately to 16 days with antigen testing and to 12 days with NAT. The NAT is currently used universally to screen blood donations for transfusion in the United States.

We are also working on a grant with AVRC to expand this program to multiple sites in the county. Since research has shown that those who know their HIV status are more likely to inform and protect

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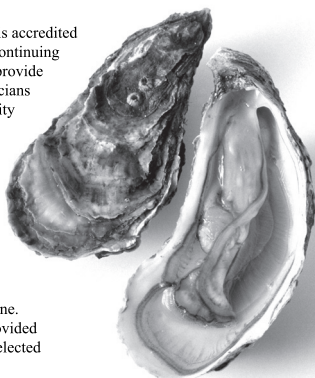
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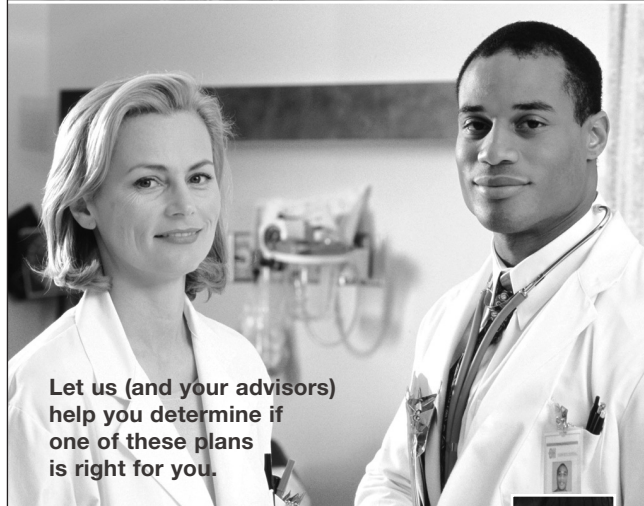
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their partners, it is believed that NAT testing has the potential for significant reduction in the spread of HIV. The number of lives that will be saved from HIV infection and the amount of money that will be saved from halting the spread of HIV will be evaluated by this program.

Please recommend that patients who engage in risky sexual practices obtain HIV

testing. Patients can also contact the County of San Diego HIV Counseling and Testing Program, at (619) 296-2120, to find the sites that are offering the NAT for HIV. 🏠

ABOUT THE AUTHOR: Mr. Cunningham has been the chief of the HIV, STD, and Hepatitis Branch of Public Health Services for the County of San Diego for the past eight years.

The Long-term Acute Care Hospital

BY NATALIE GERMUSKA

THE CONCEPT OF the long-term acute care (LTAC) hospital was created over 20 years ago for a unique type of patient. Typically medically complex, this patient required the care that skilled nursing centers or conventional short-term hospitals were not equipped to provide, including specialized treatment plans, ventilator management and weaning, and prolonged recovery time.

Two decades later, the healthcare industry has changed even more dramatically — a multi-day stay in a short-term acute care hospital is increasingly uncommon. And the LTAC hospital has taken an established role in the post-acute healthcare continuum in providing care for these critically ill patients.

Most LTAC hospitals feature an interdisciplinary environment where physicians, nurses, therapists, nutritionists, and social workers combine their expertise to provide quality care. While the LTAC hospital primarily cares for ventilator-dependent individuals, all acutely ill patients are considered for admission. Services may include the following:

Pulmonary Services: ventilator management and weaning; trans-tracheal augmented ventilation; care for patients with COPD, emphysema, asthma, pneumonia, and others; end-tidal carbon dioxide monitoring; pulse oximetry; tracheostomy management; endotracheal tube management; fiber optic bronchoscopy; airway decannulation; Passy-Muir valve placement and management; chest percussion therapy; and inspiratory muscle training.

Critical Care Services: pre- and post-transplant care; infectious disease management; multi-organ failure management; central line placement; intravenous medication therapies; chest tubes; cardiac monitoring — post-myocardial infarction; and vasopressor management.

Wound Care Services: management of complex wounds, including diabetic and decubitus ulcers; treatment of complications associated with abscess or osteomyelitis; and management of post-surgical healing complications.

Rehab Services: coma stimulation; video swallow studies; reconditioning and restorative services; occupational therapy; speech therapy; and physical therapy.

Additional Services: special procedures/surgery; blood bank; EKG; TPN and other nutritional support; dialysis; ultrasound; indirect calorimetry; and diagnostic endoscopy.

An LTAC hospital can be a freestanding facility as well as a “hospital-in-hospital,” located inside a large short-term facility. LTACs are certified by Medicare and by The Joint Commission (formerly JCAHO).

As the nation’s healthcare system continues to evolve, the unique value of the LTAC hospital in the post-acute continuum becomes more evident from an economic as well as clinical perspective. 🏠

ABOUT THE AUTHOR: Ms. Germuska is the CEO of Kindred Hospital San Diego, a long-term acute care (LTAC) hospital where services also include trans-tracheal augmented ventilation as part of a national study in conjunction with Respironics.

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Education and Training

- M.D. (1994) University of Kansas.
- Psychiatry Residency (1994–1998) University of New Mexico.
- Sleep Disorders Fellowship (1998–2000) University California, San Diego, School of Medicine.

Board Certifications

- Diplomate, American Board of Psychiatry and Neurology (2000).
- Diplomate, American Board of Sleep Medicine (2002).

Academic Appointment

- Assistant Clinical Professor. University of California, San Diego, School of Medicine.

Clinical Affiliations

- Staff Physician. Scripps Memorial Hospital, La Jolla, California.
- Member Physician. Scripps Mercy Physician Partners.
- Member Physician. Ximed Medical Group.

Professional Memberships

- San Diego County Medical Society.
- California Medical Association.
- Fellow, American Academy of Sleep Medicine.

Selected Awards

- Lilly Fellowship Award (1997) Society of Biological Psychiatry.
- Glenn Foundation Endocrinology and Aging Award (1998) Endocrine Society.
- President’s Award (2005) San Diego Psychiatric Society.